LETTER FROM THE LEADERSHIP

Breaking a bone is a common occurrence; most of us will have either broken a bone or cared for a loved one with a fracture. Bones have a remarkable ability to heal and should never be a death sentence.

Yet all too often, even highly treatable fractures result in death and disability. In Achham and Dolakha, at the government teaching and training facilities we operate, we treat a substantial burden of fractures. At Charikot Hospital in Dolakha, we treat almost 150 to 200 orthopedic procedures every month, divided into soft tissue injury, fractures and extensive open surgery.

One recent case highlighted how vital a public health service orthopedic surgery truly is. A worker in his forties had a large wooden shard pierce his thigh and shatter his femur. He was rushed to the hospital, where Charikot Hospital Medical Director Dr. Binod Dangal found the patient to be in shock from blood loss. After resuscitation, the team performed skeletal traction and surgery, saving his life and his limb. Now the patient can walk.

Yet the human organism is complex, and healthcare rarely follows a linear path. As it turns out, the patient also suffered from mental illness. Following surgery, clinicians noticed that he was showing symptoms and signs of alcohol withdrawal, a life-threatening condition, which they treated on the inpatient service. A patient like this requires several months of follow-up for both his acute and chronic health issues. This is why integrated care delivery systems are so vital.

In a global health context, the demographic context of the patient and the environment in which this incident occurred is just as important. The patient was carried, on foot, by his relatives for almost 18 hours to reach the hospital—contributing to 36 hours of injury prior to seeing a doctor.

It is for patients like these that Possible has, over the course of the last quarter, undergone deep reflection and planning around our future. These conversations, started last year, represent a natural and exciting inflection point for the organization. We affirmed that our mission— to improve healthcare for the underserved— is best advanced through public sector integrated care delivery systems. Over the last year, we have solidified our strategy of 1) operating government-owned hospitals for teaching, training, research, and innovation; 2) scaling the integrated care delivery system through municipalities; and 3) leveraging evidence to shape public policy that advances home-to-hospital integrated care.

Finally to serve our mission of improving healthcare for the underserved, and to better “localize” decision-making and leadership, we have evolved our operating model between the US-based 501c3 and the Nepal-based non-governmental organization. As part of this transition, SP Kalanue, a dynamic leader with Possible over the last four years, will step up as Executive Director in Nepal, and Hima Bista, who has led Possible’s people operations through two years of intense growth, will oversee operations as Managing Director. At the 501c3, after seven years of bringing immense energy, focus and vision to the work, Mark Arnoldy stepped down as CEO. Dr. Duncan Maru, Possible’s co-founder, transitioned into the CEO role beginning May 15, 2018.

This quarter has positioned us well for impact at scale. As always, we thank you for your partnership, and welcome your ideas, reflections, and support.

With hope,
The Possible team
Selected KPIs aligned toward monitoring the key drivers of morbidity and mortality in rural Nepal. In each QIR, we provide an overview of our Key Performance Indicators and our financials, with links to our dashboard. In this QIR, we suggest our readers ponder the surgical complications rate. The target for this rate is based on the global epidemiology of surgical complications and set at 1-5%. While the goal is to prevent all surgical complications, many surgical complications are difficult to prevent. If providers report zero complications, then there is almost certainly missed events, be it because of lack of follow-up following surgery, a poor data collection system, or an inaccurate coding of events. So the fact that we report zero complications this quarter is cause for us to go back to our surgical teams and learn how we can better capture complications, since, as the quality improvement maxim goes, “you can’t improve what you don’t measure.”

PATIENTS SERVED:

Total since founding in 2008: 654,490
39,735 in Q3
25,477 in Achham
14,258 in Dolakha

HEALTHCARE KPI RESULTS:

Surgical Complications
Target: <5%
0%
% of surgical patients with complication after surgery

Chronic Disease Control
Target: 50%
25%
% of chronic disease patients with disease under control

Institutional Birth†
Target: 95%
96%
% of women who gave birth in a healthcare facility with a trained clinician, helping to reduce the likelihood of maternal mortality

Contraceptive Prevalence†
Target: 40%
45%
% of all married reproductive aged women who delivered over the past two years and use modern contraception

†Indicator measured annually.
In quarter 3, we successfully integrated the Nepal Ministry of Health’s District Health Information System (DHIS 2) with OpenMRS-based NepalEHR (Nepal’s national EMR system), allowing for seamless and automatic reporting of facility data to the central government health database. Direct integration of facility-based OpenMRS and national DHIS2 is the first of its kind anywhere in the world.

DHIS 2 is the open-source information system with dynamic visualization features including mapping of diseases and customized dashboards that allow clinicians to look for trends and scan for epidemics in real time. It is also the preferred health management information system in 46 countries and helps governments better manage healthcare delivery efforts.

In contrast, data aggregation and filling out of reports is a manual process that is time consuming and prone to errors. Most of all clinicians now have to dedicate several days to reporting, which puts them in a difficult bind to choose patient care over reporting altogether. This integration greatly simplifies the data management process, eliminating the burden of reporting on the clinicians whose time is better spent on patient care.

For a comprehensive review of our metrics, see the link to our DHIS 2 dashboard.
Please login with:
username: impactreport
password: Possible1

IMPACT DASHBOARD
This section summarizes our financial position as of April 30, 2018.

<table>
<thead>
<tr>
<th></th>
<th>FY17 Q1–Q3 Revenue</th>
<th>FY17 Q1–Q3 Expenses</th>
<th>FY18 Q1–Q3 Revenue</th>
<th>FY18 Q1–Q3 Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>$1,514,430</td>
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<td>$1,430,463</td>
<td>$1,482,285</td>
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<td>$3,927,881</td>
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<td>$4,359,754</td>
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<table>
<thead>
<tr>
<th>Source</th>
<th>FY17 Q1–Q3 Expenses</th>
<th>FY18 Q1–Q3 Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation</td>
<td>11%</td>
<td>15%</td>
</tr>
<tr>
<td>Company</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>Individual</td>
<td>30%</td>
<td>18%</td>
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<tr>
<td>Nepal Government</td>
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<tr>
<td>Research</td>
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<tr>
<td>Bi/Multi</td>
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<td>Share Services</td>
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<td>22%</td>
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<td>Program Design &amp; Res</td>
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<tr>
<td>Chop Hospital</td>
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<tr>
<td>Path Hospital</td>
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<tr>
<td>Reconstruction</td>
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</tbody>
</table>

Q2 REVENUE BY TYPE:

- Foundation: 30%
- Company: 12%
- Individual: 14%
- Nepal Government: 15%
- Research: 18%
- Bi/Multi: 12%
- Share Services: 23%
- Program Design and Research: 8%
- Charikot Hospital Healthcare Delivery: 9%
- Community Based Healthcare Delivery: 10%
- Project: Bayalpata Hospital Expansion: 22%
- Technology Innovation: 16%

Q2 EXPENSES BY TYPE:

- Share Services: 22%
- Program Design and Research: 16%
- Charikot Hospital Healthcare Delivery: 10%
- Community Based Healthcare Delivery: 9%
- Project: Bayalpata Hospital Expansion: 23%
- Technology Innovation: 8%
- Project: Dolakha Healthpost Reconstruction: 0%
POSSIBLE IN THE GLOBAL DIALOGUE

Read updates and publications by Possible staff.

Reflections on the 3-year Anniversary of the Earthquakes

Learn how Possible is expanding our Community Health model in districts across Nepal through empowering Community Health Workers with digital tools, regular supervision, and salaries.

See how Possible’s rural teaching and innovation hub, Bayalpata Hospital, is expanding primary healthcare in far west Nepal

Possible Team contributes to Lancet NCDI Poverty Report

How can non-research trainees work with research faculty to advance global health?

Possible leaders contributed key presentations on gender equity, rural trauma management models, NCD management, and PPP model of healthcare at the 4th National Summit of Health and Population Scientists in Nepal.